

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71090	12/8/00
O.I.P.E. CLASSIFIER	E.I.	1	12/8/00
FORMALITY REVIEW		71090	12/8/00
RESPONSE FORMALITY REVIEW		71090	

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final	Original
1	✓ 4/30/04
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10	✓
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22	✓
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Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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